

COUNSELING THE ALCOHOLIC

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OUTLINE

- I. The introduction.
 - A. The alcohol problem defined.
 - B. The growing concern over alcoholism.
 - 1. By the afflicted.
 - 2. By the family of the afflicted.
 - 3. By businesses.
- II. The alcoholic mind.
 - A. The psychological weakness.
 - B. An obsession of the mind and allergy of the body.
 - 1. Symptomatic drinkers.
 - 2. Chronic alcoholics.
 - 3. Characteristics.
 - a) Regression.
 - b) Introversion.
 - c) Neurotic neucelus?
 - C. Stages toward alcoholism.
 - 1. The social drinker.
 - 2. The excuse drinker.
 - 3. The turning point.
 - 4. Futility.
 - 5. Withdrawal.
 - 6. Extreme concern.
 - 7. Despair.
 - 8. The bottom.

- D. The fear relationship.
 - 1. Acceptance of the person.
 - a) Why he is in this condition.
 - b) His value as seen by Religion.
 - 2. The need for empathy.

III. The initial counseling periods.

- A. Reasons he comes for counseling.
 - 1. Sent by his employer.
 - 2. Encouragement of his family.
 - 3. Recommendation of his physician.
 - 4. His own feeling of need for sobriety.
- B. The initial interview.
 - 1. Its importance for establishing rapport.
 - 2. Preparation for future counseling sessions.
- C. Referral agencies.
 - 1. Several agencies available.
 - 2. Twelve steps of Alcoholics Anonymous.
- D. Avoiding a judgmental attitude.

IV. Principles for counseling the alcoholic.

- A. Respect his anxiety.
- B. Let him "talk it out".
- C. Keep his ego high.
- D. Make referrals in an unthreatening way.
- E. Accepting him is important.
- F. Keep him emotionally independent.

G. Recognize his need for Religion.

1. Religious conversion.

2. Religion and Alcoholic Agencies.

V. Conclusion.

A. The alcoholic's environment.

1. The family.

2. The Church.

B. Educational programs.

C. The Clergyman-Psychiatrist team.

D. The primary role of the Clergyman-counselor.

I. INTRODUCTION

Alcoholism is considered the third most serious public health problem in America today. Any counselor who has tried to help one afflicted with this disease, realizes that it can become very discouraging. Effective treatment depends upon proper recognition and diagnosis of the problem. We often treat the effects of the alcoholic's problem while the real underlying cause often goes undiscovered.

Howard J. Clinebell, Jr. says "an alcoholic is anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships".¹ In his thinking, a social drinker who might occasionally permit his drinking to interfere with his work, will realize the danger and reduce the frequency or amount of his drinking. This is the primary distinction between the alcoholic and the social drinker.

The typical alcoholic is absent from his job an average of 25 days per year. His accident rate is double that of the normal employee. His "hangover" costs industry \$1,000,000,000 annually in money and 400,000,000 per year in man-hours in lost time. There are approximately 175,000 people absent from work daily because of alcoholic beverages.²

These statistics have caused a growing concern for a cure for the alcoholic. The man who is afflicted becomes concerned about himself, though he usually denies that he has a problem in the initial stages. Many come to a recognition that they have a problem,

long before they will admit it to anyone else.

Alcohol is a source of much unhappiness and expense. Heavy drinkers usually neglect their families. If the father or mother is afflicted, the children do not get the care and affection which other children receive. Even if the alcoholic parent remains in the home, they are unfit to give the children the attention they need and expect. The family will often consult their pastor in ~~their~~ time of crisis.

Effects on the home are difficult to establish, but the following report from Massachusetts gives us some indication as to its costs on the State.

The Massachusetts commission has an estimate of the cost in that state of supporting persons who were left uncared for by drunken parents or husbands. The figure is about the sum of \$51,000,000 every year. The commission asserts further that from one quarter to one half of the poverty in any community in Massachusetts can be blamed on alcoholism.³

Employers have become increasingly concerned about the large costs mentioned in the above. Some large companies are publishing anti-drinking pamphlets, employing counselors, and discouraging the drinking of alcoholic beverages in any way possible. The possibilities of an educational program have not been exhaustively explored. The problem has become so acute in industry that many large companies have set up educational programs designed to rehabilitate their employees. Consolidated Edison, Allis Chalmers, Eastman Kodak, General Motors, Metropolitan Life, New York Telephone, Standard Oil and its Affiliates, et al., have all adopted some educational programs for handling the rehabilitation of their

employees. Most of these programs cost about one hundred dollars per year per patient. Considering the expense which is offset by the savings in waste, absenteeism, accidents, and morale, the cost is surprisingly little and is actually profitable to the industry. The best approach to any problem is prevention rather than cure. The magnitude of the problem of alcohol suggests that in the future it may become necessary to establish courses in high school, information centers, and clinics.

Counseling the alcoholic requires much from the counselor. I believe most clergymen are more ineffective in this area of their ministry than ⁱⁿ any other area. It has been through failures that I came to a realization of my need for more knowledge in helping those afflicted with this disease. In order to be effective counselors, we must understand the alcoholic's mind and utilize techniques. This paper is written to assist the counselor in these areas.

II. THE ALCOHOLIC MIND

The alcoholic's affliction is different from most other human malfunctions. His is an obsession of the mind coupled with an allergy of the body. His is a sickness with physical, emotional, and spiritual aspects. He is a person with a physiological obsession for alcohol and a physiological allergy to it. The total person must be helped out of this condition and all of his needs must be met.

It is common for an alcoholic to consider his problem as an addiction. When he withdraws from the drink, his deprivation produces the "shakes", terribly vague fears, extreme nervousness, and a craving for the one thing he knows will alleviate the symptoms. We sometimes confuse psychological weakness with habit. Let us notice a statement by Cimbal:

It is not the habit of using alcoholic drinks which makes for alcohol addiction, but rather the craving for intoxication, i.e., the inability to achieve the psychological contents necessary for harmonic living through anything else but intoxicants.⁴

There are three common characteristics of the alcoholic that I shall name. These are taken from The Alcoholic by Fred Bennett Ford.⁵ The first characteristic of the alcoholic is that he is a person in whom the incentive that causes one to drink is prompted by the unconscious desire to regress. Alcohol is the narcotic instrument of regression. This means that a person who is regression-prone wants to go back to a previous stage of life. Some say that the "normal drinker" also has a desire to regress but not to a dangerous degree.

Many people wish to avoid maturity. It means giving up their dependency and becoming independent. This involves responsibility of which many people do not wish to assume. It requires a great amount of self-discipline of which some wish to avoid.

On the conscious level, an alcoholic may struggle very hard to act like a mature person. But, deep within is a desire to go back to the world which used to exist. With a drink, they can go back and their subconscious desire is granted.

The second characteristic of the alcoholic can be called introversion. The introverted personality is found in most people who travel the road of alcoholism.

In our experience, at least 90% of all abnormal drinkers are predominantly of the introverted type. By introversion here, we mean those individuals whose self-critical faculty causes them ever to be conscious, often painfully conscious, of their position in reality. They are sensitive and self-analytical and their behavior is the net result of turned-in thought processes.⁶

It is normal that the alcoholic would focus attention on himself. With his well established habit of turning away from reality, he must devote his thinking toward a smaller world. Recovered alcoholics testify to this fact. One with whom I worked for about one year and was on the road to success, always had the tendency to think everyone else was looking at him. After he had joined Alcoholics Anonymous and attended for several months, he discovered what he had been trying to do.

The primary value of a community of introverts, such as Alcoholics Anonymous, is that it brings them into free and easy contact with those whose attention has also been focused on self. Therefore,

it is absolutely necessary that leaders emerge to help each other.
A successful leader cannot remain an introvert.

The third characteristic of an alcoholic is the neurotic neurosis. Ford defines neurosis this way:

A neurosis is an unhealthy symptom picture of emotional origin growing out of an inexperienced way of dealing with life. Or, put another way, we might say that a neurosis is the blundering and futile answer a person hit upon for adapting what he found within himself to what he met outside himself. I feel reasonably sure my definitions would not meet with general approval but I have phrased them as I have because I want to emphasize that what we are dealing with is a poor technique of living with himself and others, a poor way of life. It always, I think, involves two factors at least. The first is a faulty reading or appraisal of reality, of things as they are. The second is closely kin to the first and is the use of inappropriate thoughts, attitudes and behavior patterns. Just here is as good a place as any to say that if we are to be of any real help to an alcoholic (at least if this helpfulness involves understanding), then we must understand how he lives and how he came by the patterns by which he lives.⁷

I believe that this is the real key to helping the alcoholic. Unless we are able to understand and appreciate him, along with love, we will never help him.

Dr. E. M. Jellinek of the Yale Center of Alcoholic Studies divides excessive drinkers into two categories:

(1) Symptomatic drinkers who drink excessively to relieve tensions and anxieties but manage to maintain control over their alcoholic consumption and carry on their work, and (2) Chronic alcoholics who lose control over their alcoholic consumption usually after excessive drinking.⁸

No one has been able to establish when one moves from one category to another. The alcoholic can often avoid detection for many years. In some instances, his family and friends will help protect him from detection.

I shall attempt to trace the developmental process a little farther as one proceeds toward becoming an alcoholic. Dr. John B. Davidson of Baylor University, in a lecture given at Southwestern Baptist Theological Seminary gave eight stages one goes through in becoming an alcoholic.

In stage one, the social drinker is the repeated equivalent of the so-called "first drinker". This is the seeding or testing ground during which alcohol serves as a refreshing drink, a medium to create friendliness, neighborliness, and relaxation. For the person who has a potential psychological obsession for alcohol and a physiological allergy to it, this period is one of initiation or indoctrination. Violent reactions at this stage serve only as indications of progression. Tolerance for greater quantities of alcohol becomes evident. Morning drinking sets in and social drinking increases.

There is an ever increasing social demand for the social drink. Many young people, both in civilian and military life, feel that they must drink alcoholic beverages to be socially accepted. This may be indicative of the most dangerous of the reasons for drinking, the lack of self-confidence to say, "no".

Stage two may be characterized as "excuse drinking". The subject begins to notice now that alcohol lessens the stresses and strains of living. This characteristic seems to be the most difficult point to define between social drinking and problem drinking. Alcohol is now used by the subject as one would use a tranquilizer to dissipate or allay his fears and anxieties; it is a

temporary crutch which props up his emotional disorders. The deviate learns fast how to drown his troubles and with intellectual dishonesty cover his weaknesses. Drinking is by free choice and any suggestion of compulsive drinking is denied. Getting drunk now becomes purposeful.

The "excuse drinker" is at a very dangerous stage and he begins to realize this. While making excuses, he likely is not convinced himself that his reasons stated are justifiable. He becomes somewhat frustrated with himself.

Dr. Davidson calls stage three the "turning point". Increment of incident and amount are now evident. By this time, there is an increased tolerance so that the effects become more and more difficult to obtain. His personality attributes begin to deviate. Dishonesty, lying, cheating, and deceitfulness often emerge from what appeared to be a well-integrated personality. He becomes defensive. Even minor references to the subject's problem are interpreted by him as maligning abuses. Anyone who tries to talk with him, "fails to understand him".

Stage four is characterized as "futility". Here we find an almost complete lack of self-control. The subject may, for the first time, begin to seek outside help. He seems to become more aware that he has been mastered and that he is in bondage. With little defense left, the alcoholic frequently contacts his pastor, Alcoholics Anonymous, his friends, his family, or his employer for help or advice.

He is easily threatened at this time. As will be discussed later in this paper, an attitude of acceptance must be portrayed. He is afraid of a sermon or a judgmental attitude. He knows he is weak and is a sinner, but desires to be different. He is looking to someone who can help him out of his crisis.

Stage five might be called "withdrawal". Periods of temporary relief are found in withdrawal from normal social relationships. It is evident to the deviate that he cannot successfully continue what was once normal interpersonal relationships.

Anyone who is going to be able to help the alcoholic at this time must be extremely careful, seeking to gain his confidence. Empathy is the key to helping him. But, this stage is usually a waiting period, hoping that he may see the futility of withdrawal.

Stage six is marked by "extreme concern". Slavery to liquor has imposed upon the subject to such a grave concern that he cannot casually cast it aside. In spite of all of his efforts to hide his habit, he awakens detections. His psychological disequilibrium inflates his weaknesses out of rational proportions. By this time malnutrition and vitamin deficiencies cause the subject to turn futilely to tranquilizers, sedatives, vitamins, and other medications which only serve to annoy him.

Though space does not permit an explanation of the vitamin deficiencies experienced by alcoholics, excellent information may be obtained in Chapter III, of Alcohol Addiction and Chronic Alcoholism, by E. M. Jellinek as listed in the bibliography. He

indicates that certain alcoholic diseases result from nutritional deficiencies rather than from the alcohol itself, thus helping to compound the problem.

Dr. Davidson calls stage seven "undebatable despair". The confirmed drinker now "throws in the towel". He gives up. He may be picked up off the street, arrested, jailed, or hospitalized. In this advanced stage, he ceases to wonder where he will be picked up and he really does not care. Some alcoholics become salvaged at this stage. By this time, he has lost respect in his social life and is not able to rationally think through his predicament without outside help. This can either cause him to seek assistance or to plunge desperately toward the final step.

Stage eight is "the bottom". All symptoms of the earlier stages become intensified. There are only two alternatives left to him; to pursue drink to invalidism and death, or to return to complete sobriety with whatever physical and mental recovery is possible.

There are hopes of rehabilitation all along the eight stages. They are often overlapping and some subjects are able to stay above the fatal plunge. Alcoholics are extremely emotional people and we must be aware of the strong feelings which they possess. They are fearful as was seen earlier in this paper. They are usually fearful of the minister and what he represents. They need to feel accepted by him. Fred Bennett Ford cautions us about the alcoholic's need for acceptance.

Beyond this general fact about the alcoholic and most anyone else he is likely to have some special doubts about you as a person. He probably believes that your approach to life is profoundly moralistic and that therefore you could not possibly be accepting of such deviations from wholesome and sensible conduct as have characterized this way of life. This barrier between you may not be anywhere near as high as he thinks, but if he thinks it, and he doubtless does, the barrier is there.⁹

There are many reasons why the alcoholic is in his condition and we need not concern ourselves with placing the guilt, but with releasing the guilt. Remember, the alcoholic is a lonely individual. His worth cannot be valued by any man-made standard. Our Religions emphasize the dignity of man and the counselor must recognize the worth of the man who has problems with alcohol. Jesus always found time to help the sick, the rejected, and the poor. He believed in the dignity and worth of every man. I wish to conclude this chapter with emphasis on the "empathy process". Fred Bennett Ford puts it this way:

The empathic process, especially when it begins to be mutual, is the way by which a man who has been alone ceases to be alone. This is the road back from the lostness of aloneness and I would not know how to exaggerate its importance in your relationship to the alcoholic or indeed, to anyone. The want of satisfaction of the deep and universal need to communicate, of which empathy is the servant, is surely one of the primary causes of addictive drinking because it means that healthy and satisfying relationships have never been created. That lack must be supplied and it may be that, in the beginning, your empathy will be his road back and his relationship to you the only "society" he knows.¹⁰

III. INITIAL COUNSELING PERIODS

I am devoting an entire chapter to the initial counseling sessions because it is of tremendous importance that the counselor and counselee establish proper relationships during this early period. The very complexes which caused the alcoholic to have his problem can also make it difficult for him to accept help from a professional counselor.

How does the alcoholic come to the attention of the minister? Sometimes it is due to circumstances beyond his control. It may be a nagging wife, a concerned employer, a physicians's recommendation, encouragement from his family, or it may be out of his own desire for sobriety.

In the United States Army, a soldier may be sent to his Chaplain by his Commanding Officer due to problems arising from his drinking. For our thinking, his commander is his employer. This atmosphere automatically causes defensiveness because the subject feels he is being judged. It is at this interview that the Chaplain can easily destroy all opportunity for helping the alcoholic if he is not extremely careful. The interview should be client-centered and not on the negative activities which may have caused his ~~Superior~~ to send him for counseling. He will be quick to detect if the Chaplain's primary interests are in the welfare of the Army or in his personal welfare.

We must remember that the individual needs help and must not

impose our own desires on him. Carl R. Rogers emphasizes the worth of the individual.

The primary point of importance here is the attitude held by the counselor toward the worth and the significance of the individual. How do we look upon others? Do we see each person as having worth and dignity in his own right? If we do hold this point of view at the verbal level, to what extent is it operationally evident at the behavioral level? Do we tend to treat individuals as persons of worth, or do we subtly devalue them by our attitudes and behavior? Is our philosophy one in which respect for the individual is uppermost? Do we respect his capacity and his right to self-direction, or do we basically believe that his life would be best guided by us? To what extent do we have a need and a desire to dominate others? Are we willing for the individual to select and choose his own values, or are our actions guided by the conviction (usually unspoken) that he would be happiest if he permitted us to select for him his values and standards and goals?¹¹

In our initial counseling periods, we can lay the groundwork for farther assistance to the alcoholic. We must try to understand him. This will require us to also realize our own limitations. Seard Hiltner wrote in 1942:

How to understand the alcoholic and what can be done for him ranks first and second in the list of problems which prove most puzzling to religious leaders. While religious influence in the deepest sense seems almost indispensable to the real cure of an addict, few seem to find this through conventional religious channels. Not all the reasons for this are clear; but the fact deserves further attention and study. Unless more light is thrown on this question, "therapeutic religion", or the religion which heals, may be developed quite outside the Church.¹²

It is doubtful if many of us have clear-cut goals established in counseling alcoholics. I agree with Clinebell that our eventual goal is to relate the subject to a therapeutic group or agency which are designed primarily to help him with his problem. There are two subsequent goals in order to reach this: (1) the establish-

ment of a healthy counseling relationship, and (2) to help the alcoholic accept the fact that he has a sickness for which it is necessary to have help. The counselor must be honest and unthreatening because the alcoholic can be driven away so easily at this stage.

Harry Emerson Fosdick said, "alcoholism is like a stained-glass window in that it can best be seen and understood from the inside." The minister, who works as an isolated counselor, usually has a very low rate of success with alcoholics. Those who work in co-operation with Alcoholics Anonymous, an alcoholic clinic, or other related agencies make a much greater contribution. Marty Mann explains it this way:

The pastor will also have discovered that he, himself, cannot do an AA job on the alcoholic. He will see with his own eyes at meetings and at interviews he may witness that the man or woman who has actually been through the appalling experience of alcoholism has an edge on him that no substitute knowledge can replace. For one thing, the sober AA member is the embodiment of hope. He is the living promise that it can be done. He makes faith in the possibility of recovery a thing that can be seen and touched and heard. And, step by step, he can tell not how it can be done, but how he did it.¹³

Alcoholics Anonymous list twelve steps in their Program of Recovery. The minister counselor should be aware of these and make a mental note of any that the counselee may embrace. These twelve steps are as follows:

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrong.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of his will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps we tried to carry this message to alcoholics, and practice these principles in all our affairs.

A relationship needs to be established which will cause a mutual respect of confidence. The characteristics of this ideal relationship are difficult to establish. Carl Rogers lists the following as the most important items in counseling.

The therapist is able to participate completely in the patient's communication.

The therapist sees the patient as a co-worker on a common problem.

The therapist's comments are always right in line with what the patient is trying to convey.

The therapist treats the patient as an equal.

The therapist is well able to understand the patient's feelings.

The therapist always follows the patient's line of thought.

The therapist's tone of voice conveys the complete ability to share the patient's feelings.¹⁴

Here we find an excellent example of empathy portrayed and complete understanding on the part of the therapist. There is a complete respect for the alcoholic if one can adopt these traits. With this type of attitude, there will likely be a rapport established which will continue in the recovery process of the alcoholic.

IV. PRINCIPLES FOR COUNSELING THE ALCOHOLIC

Alcohol is not the only problem of the alcoholic, though it helps to compound his problem as we have already seen in this paper. Suppose we are able to take away the bottle; then what kind of a man is he? Is his problem solved? No, there remains a void in his life which must be filled. Thomas J. Shipp wrote:

Finally, I would say, if you just sober a man up and you have not led him to God, and you have not given him a new way of life, you have done little or nothing for him. Our job as ministers and as Churchmen is to help him to find the kind of shepherd that will give him life, peace, and the kind of shepherd that we find in the twenty-third psalm.¹⁵

We must respect the alcoholic's anxiety. It is expected that he will possess a great amount of anxiety and guilt coupled with low self-esteem and isolation. The counselor must be careful not to let his anxiety be transferred to him, thereby causing detriment to the relationship.

Carl Rogers emphasized the need for client-centered therapy. This lets the alcoholic talk about anything which he feels like discussing. It can be most difficult for the counselor to stay in the background, but he must remember that it is the client who needs help. He must develop the ability to maintain silence and not be anxious. One counselee who had been helped wrote:

I was lost in your presence, especially when I was told that I had an hour with you. I could either sit or talk or do as I pleased. The impression I received was of being left alone, all on my own with my problem. But I soon discovered that by talking of my indecision and problem I was able to see clearly that my problem was being solved of my own initiative rather than the counseling of my interviewer.¹⁶

The alcoholic needs to talk it out. It is dangerous to try to re-assure him. We are sometimes inclined to want to interpret what he is saying or to want to lessen his pain. Basically, we need to learn to listen. He is saying something to God, to himself, and to the counselor. He needs to ventilate. Otto Rank says "we need to listen with the third ear". Jellinek has stressed the importance of asking no more than "tiny little questions". Do not pry into the person's life but let him make the entrance.

*- So does
Jellinek
Rank!
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The alcoholic comes for help because he has a burden that needs to be released. The counselor must not block the flow of poison that may be coming forth. As I think of some counseling situations, I recall times when my subjects must have felt rejected when they used profanity in my presence. They have sometimes stopped to apologize and never ventilate again that day. Clinebell gives an example of how one pastor got in the way of the developing therapeutic relationship.

An alcoholic came to talk to his pastor and began to pour out all manner of self-condemnation and remorse. Feeling that the man's self-blame was exaggerated and distorted, the pastor sought to reassure him, pointing out that after all there were extenuating circumstances involved. Each time the alcoholic tried to express his deep feelings of guilt and despair, the pastor pointed out that things weren't really as bad as he seemed to think. Finally the alcoholic left and did not return for another interview.¹⁷

The counselor must keep the alcoholic's ego high. Because of the alcoholic's low self-esteem, his ego is easily threatened by the feeling of being under close scrutiny. The counselor needs to try to let the subject know that he is with him emotionally.

Listening is basic to staying close to the counselee's ego. Empathy or feeling with him encourages him. Otis Rice says one of his colleagues calls it "encouraging grunts". These habits cannot be taught to a counselor, but must be acquired traits.

It can be detrimental to one's ego if he is directly told that you think of him as an alcoholic. Labels should be carefully avoided. A "holier-than-thou" attitude will quickly degrade his feelings. It was noticed last year at Fort Hood, Texas at a "Religion and Mental Health" conference that many Chaplains felt compelled by their religions to pray for all counselees in their presence. Some Chaplains who had not done this sometimes felt guilty because they had not introduced their client to God. After a thorough discussion among the group, it was generally agreed upon that the very presence of the clergyman represented God and that our anxiety was due to our own lack of understanding as to what our role really is.

A counselor should make referrals in an unthreatening way. Members of Alcoholics Anonymous do this by talking in reference to themselves. Ministers can do this sometimes by talking in terms of other alcoholics whom they have seen recovered. This draws the focus of attention away from the client and presents Alcoholics Anonymous in a more meaningful manner. The best referral agency that is normally available to the Chaplain is Alcoholics Anonymous. There is usually one on or near every army installation.

Clinebell thinks Alcoholics Anonymous is our greatest resource in counseling alcoholics. He lists their twelve traditions.

1. Our common welfare should come first; personal recovery depends upon AA unity.

2. For our Group purpose there is but one ultimate authority, a loving God as he may express himself in our Group Conscience. Our leaders are but trusted servants, they do not govern.

3. The only requirement for AA membership is a desire to stop drinking.

4. Each Group should be autonomous, except in matters affecting other groups of AA as a whole.

5. Each Group has but one primary purpose, to carry its message to the alcoholic who still suffers.

6. An AA Group ought never endorse, finance or lend the AA name to any related facility or outside enterprise lest problems of money, property and prestige divert us from our primary spiritual aim.

7. Every AA Group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles above personalities.¹⁸

We must learn to convey acceptance of the alcoholic. This does not require one to endorse the drinking of alcoholic beverages. If we are to accept the person, we must accept this affliction as a sickness. Unless this is done in reality, the minister will reflect a judgmental attitude. Jung wrote:

If the doctor wants to offer guidance to another or even to accompany him a step of the way, he must be in touch with the other person's psychic life. He is never in touch when he passes judgment. Whether he puts his judgment into words, or keeps them to himself, makes not the slightest difference.¹⁹

By accepting alcoholism as a sickness, we indicate that we accept it as one sickness of our society, of which all of us share

a part. Most of us can truly say, "But for the grace of God and a good home, there go I." Othis Rice said, "More than anything else we need to learn to love the alcoholics. The only way I know to do this is to remember that God loves them, and to remember how much he puts up with in order to love us."

Late one afternoon at Fort Hood, Texas, an enlisted man walked into the Chapel and smelled like he had fallen into a barrel of liquor. After having talked with him for about an hour, he departed and he never entered the Chapel again. Later, I began to ask myself the question, "what have I done that may have caused this?" It suddenly came to me that I had not accepted him, but saw him only as a sinner. This sad experience of having failed a man in need is the primary cause of my doing research in this area.

The alcoholic must not become emotionally dependent upon the counselor. One of the reasons for the success of Alcoholics Anonymous is that it has no professionals or authorities. The alcoholic will often ask the counselor for advice. If given this advice, as a doctor would prescribe medicine, he has someone to blame if he fails. As you accept the counselee, he must be dealt with in the cold world of realities, not ^(spells)fantacies. He may sometimes act selfish, childish, and irresponsible, hoping to receive sympathy. Empathy and sympathy are not to be confused.

Do not accept responsibility for his actions. His emotional immaturity desires a magic solution to his problems. There is no magic religious formula which can take away his psychological

obsession for alcohol and his physiological allergy to it as discussed in the second chapter of this paper. Clinebell warns:

Try not to become too involved in the success or failure of the counseling process. If there is any kind of counseling in which a success-drive on the part of the counselor is destructive, it is in work with alcoholics. If the alcoholic senses that the counselor has too great a stake in his getting sober, he is likely to react negatively. The pastor who has a strong need to succeed provides the alcoholic with a powerful weapon to use against him in periods of hostility. The alcoholic unconsciously senses that he can frustrate him by refusing to move toward sobriety. This militates against any progress. The counselor who tries too hard and thus reveals that he must prove himself by succeeding as a counselor, conveys a lack of respect and concern for the person in and of himself. The alcoholic with his low self-esteem catches this feeling immediately and reacts to the counselor in the same way that he would to a mission worker who gives the alcoholic the impression that he is interested in him as an opportunity to save a soul.²⁰

The counselor must recognize the alcoholic's need for Religion.

I mentioned previously that a clergyman should not feel compelled to pray with the alcoholic. This is not intended to mean that it should never be done. It should take place only after a certain amount of rapport has been established. Many alcoholics are fearful of going to the clergyman because they feel they will be subject to prayer. They may believe this is not their primary need, so let us not scare them away. Morty Mann has a useful idea concerning the pastor's spiritual approach to the alcoholic.

The pastor who feels it is his bounden duty to act as a spiritual mentor to an alcoholic who comes to him, could perhaps succeed if he could recall out of his own experience some time of deep crisis or personal suffering in which he found comfort from his faith, and could tell that story simply and directly. In other words, if he could come down from his symbolic mountain above the battle and meet the tormented soul of the alcoholic on its own level of suffering; the soul could perhaps accept comfort from him and gain some faith.²¹

It is my feeling that Alcoholics Anonymous has become a religion to many recovering alcoholics. This is in light of the dictionaries definition as "that to which one is devoted". It does not pretend to be a religion, but it serves a need that our Churches could not (or have not) met. This idea is debatable and is not intended to minimize the value of that organization.

Religious conversion is equally important for all men. It is the anchor that the alcoholic needs for his life. But, conversion is not a "cure all" experience. In a very real sense, the twelve steps of Alcoholics Anonymous suggests a conversion experience. Joseph Hirsh call this semi-religious conversion.

A more truly substitutive, and therefore more effective, treatment for some problem drinkers can be found in religious conversion and in such semi-religious conversions as are practiced by temperance societies, the Salvation Army, and Alcoholics Anonymous. Treatment of this order, unlike the more superficial substitutions of newly created interests, is more akin to psychiatry inasmuch as it attempts to delve into man's deep-rooted problems and is concerned with his whole personality and his entire approach to life.²²

"Faith without works is dead" said the Apostle. The alcoholic needs this "faith" that will enable him to perform works pleasing to God and man. It is the responsibility of the clergyman to bring him to God.

V. CONCLUSION

The alcoholic can be helped only in the context of his entire environment. The most important part of his environment is his family. We should be aware of the Al-Anon Family Groups, which are also known as "AA Auxiliaries" and "Non-Alcoholics Anonymous". These are excellent referral sources for the family. Clinebell's book, Understanding and Counseling the Alcoholic, has a chapter devoted to helping the family of the alcoholic.

The primary work of the Church, in relationship to this problem, will probably remain in the prevention of alcoholism rather than the cure. It is difficult for the Church to accept the alcoholic without endorsing the product. As the Church may be against alcoholic beverages, the alcoholic may interpret this to indicate that the Church is against him. We do not seem to agree as to what really causes one to become afflicted. Some indicate "total Abstinence" while others indicate "controlled drinking" as the best policy to endorse. Clinebell offers these suggestions as to the causes and prevention of alcoholism.

Causes of alcoholism operate on three levels: (a) the "soil of addiction", (b) symptom selection, (c) perpetuation of the addictive cycle. A comprehensive program of prevention can and should operate on each of these three levels of the alcoholic sickness. The three corresponding levels of prevention are: (a) prevention at the "grass roots", (b) prevention through the influencing of symptom selection, (c) prevention through early detection and treatment.²³

Various educational programs have been suggested as a prevention and cure for alcoholics. But, regardless of how extensive an educational program may be developed, there will still be alcoholics.

Education does not guarantee morality.

The clergyman must realize his limitations. He is not a "Junior Psychiatrist" and will fail if he places himself in the place of the psychiatrist. The Military Chaplain will be wise to work closely with the Post Psychiatrist. "Academy of Religion and Mental Health" branches are now functioning on some large Army Installations and Cities. The Academy has helped me to understand the role of the clergyman in relationship to the psychiatrist.

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work*

There is no substitute which can take the place of confession, forgiveness, faith, atonement, and restitution for the troubled soul. The clergyman should have as his ultimate goal to bring the "Good News" to the alcoholic, which will in turn, assist him in his goal of sobriety. He must have the patience to wait until the proper time to present religion.

Every counselor should ask himself these questions: What is my motive? Am I really concerned or is this just my duty? Do I see the counselee as a problem or as a person with a problem? Do I have the patience to help this person? We should try to help people only if we love them. It takes experience, patience, and time to be an effective counselor, especially to the alcoholic. Do not try to be overly concerned about failures or successes, but be concerned with a God-given desire to help people. Then, failures or successes will not be your responsibility.

FOOTNOTES

1. Howard J. Clinebell Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 17.
2. Upton Sinclair, The Cup of Fury (Great Neck, New York: Channelcrest Inc., 1956), p. 153.
3. William B. Spalding and John R. Montague, Alcohol and Human Affairs (Yonkers, New York: World Book Company, 1949), p. 111.
4. E. M. Jellinek, Alcohol Addiction and Chronic Alcoholism (New Haven, Connecticut: Yale University Press, 1946), p. 8.
5. Fred Bennett Ford, "The Alcoholic" (Department of Psychology, Andover Newton Theological School, Newton Centre, Massachusetts, 1958), p. 18.
6. Ibid., p. 20.
7. Ibid., p. 22.
8. E. M. Jellinek and Mark Keller, "Rates of Alcoholism in the United States of America" (Quarterly Journal of Studies on Alcoholism, XIII, 1952), pp. 49-59.
9. Ford, op. cit., p. 42.
10. Ibid., p. 56.
11. Carl R. Rogers, Client-Centered Therapy (Cambridge, Massachusetts: The Riverside Press, 1951), p. 20.
12. Clinebell, op. cit., p. 170.
13. Ibid., pp. 177-178.
14. Rogers, op. cit., pp. 53-54.
15. Thomas J. Shipp, Helping the Alcoholic and His Family (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 39.
16. Rogers, op. cit., p. 71.
17. Clinebell, op. cit., p. 200.
18. Ibid., pp. 139-140.

19. Ibid., p. 202.
20. Ibid., pp. 204-205.
21. Ibid., p. 207.
22. Joseph Hirst, The Problem Drinker (New York: Duell, Sloan, and Pearce, 1949), p. 113.
23. Clinebell, op. cit., pp. 229-230.

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